

**HEALTH MAINTENANCE ORGANIZATIONS/MANAGED CARE ENTITIES - DEFINITION**

2.1(c) (1) The Division of Human Services may enter into risk contracts with entities that:

- (a) are organized primarily for the purpose of providing health care services;
- (b) make the services provided to its Medicaid enrollees as accessible to them (in terms of timeliness, amount, duration and scope) as those services are to nonenrolled Medicaid recipients within the area serviced by the Health Maintenance Organization (HMO); and
- (c) make provision, satisfactory to the Department of Health and Human Services, against the risk of insolvency, and assure that Medicaid enrollees will not be liable for the organization's debts if the organization does become insolvent.

State certified HMO's must meet 420-B of the New Hampshire Statutes.

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